

SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: SPONSOR INFORMATION

- A) SPONSOR NAME (LAST, FIRST): _____
- B) SPONSOR RANK (E1 – O10): _____
- C) SPONSOR/FAMILY 10 DIGIT PHONE NUMBER: _____
- D) SPONSOR/FAMILY EMAIL ADDRESS: _____

SECTION 2: CATEGORY/ELIGIBILITY INFORMATION

A) DOD SERVICE BRANCH (SELECT ONE):

- ARMY AIR FORCE MARINE CORPS NAVY

B) TITLE 10 STATUS (SELECT ONE):

- DEPLOYED GUARD/RESERVE RELOCATED SPOUSE INDEPENDENT DUTY PERSONNEL

C) DUTY STATION (SELECT ONE):

- DEPLOYED GUARD/RESERVE AND RELOCATED SPOUSE (COMPLETE ITEM 1 BELOW)

1. COUNTRY OF DEPLOYMENT / MOBILIZATION OPERATION: _____

PLEASE INDICATE COUNTRY OF DEPLOYMENT OR MOBILIZATION OPERATION.
PLEASE PROVIDE A COMMAND MEMORANDUM IF INFORMATION CANNOT BE
RELEASED. (TEMPLATE PROVIDED ON PAGE 5 OF THIS APPLICATION.)

- INDEPENDENT DUTY PERSONNEL CATEGORY (APPROVED UNIT REQUEST ATTACHED)

D) PROJECTED DATE RANGE OF ASSIGNMENT (REQUIRED FOR ALL PROGRAM CATEGORIES):

START DATE: _____ END DATE: _____
MONTH / YEAR MONTH / YEAR

ASYMCA Use Only:

Deployed _____
Mobilized _____
IDP _____
Date _____

SECTION 3: DEPENDENT INFORMATION

A) SPOUSE NAME (LAST, FIRST): _____

B) CHILD NAME(S), AGE(S):

1. NAME: _____ AGE: _____
2. NAME: _____ AGE: _____
3. NAME: _____ AGE: _____
4. NAME: _____ AGE: _____

SECTION 4: MEMBER AUTHORIZATION SIGNATURE

1. I CERTIFY THAT I AM/MY SPOUSE IS CURRENTLY TITLE 10 AND IS ELIGIBLE FOR A YMCA MEMBERSHIP UNDER THE MILITARY OUTREACH INITIATIVE.
2. I HAVE READ AND UNDERSTAND THE ATTENDANCE REQUIREMENTS OF THE MILITARY OUTREACH INITIATIVE.

SIGNATURE OF SPONSOR OR SPOUSE: _____ **DATE:** _____